

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 4

2. STATE:

RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1923 of the Social Security Act

7. FEDERAL BUDGET IMPACT: *Not To Exceed \$2.2 mil Annually*

a. FFY 2000 \$1,021,630

b. FFY 2001 \$1,022,010

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19A
Page 4XA

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
New Page

10. SUBJECT OF AMENDMENT:

Disproportionate Share Hospital Policy

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

xx

See attached letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Christine C. Ferguson

13. TYPED NAME:

Christine C. Ferguson

14. TITLE:

Director

15. DATE SUBMITTED:

9-20-2000

16. RETURN TO:

Dorothy Karolyshyn

DHS

600 New London Avenue

Cranston, RI 02920

17. DATE:

18. SECTION:

21. TYPED NAME:

23. REMARKS:

OFFICIAL

- H. In the event that federal funds made available to the state in any given year are insufficient to fully finance the above sections, the pool available in each section shall be ratably reduced in direct proportion to the federal funds available for Disproportionate Share payments.
- I. Notwithstanding any of the foregoing provisions in Section III, non-government hospitals will receive additional disproportionate share payments if they meet the following criteria:
1. The hospital meets or exceeds criteria set forth in Section 1923(b) of the Social Security Act.
 2. The hospital is licensed within the State of Rhode Island.
 3. The hospital provides psychiatric services to clients not defined as prison inmates under the care of the Department of Mental Health, Retardation and Hospitals (MHRH) or the Department of Children, Youth and Families (DCYF).
 4. The hospital enters into a written agreement with the Department of MHRH or DCYF for the provision of the services listed in section 3.

The payment amount will be in direct proportion to each hospital's uncompensated care costs relative to the uncompensated care costs of all qualifying hospitals. Each qualifying hospital will receive a quarterly payment from a pool. Total payments from this pool will not exceed \$2.2 million annually. These payments will commence in federal fiscal year 2001 for services rendered in federal fiscal year 2000, and shall continue in subsequent federal fiscal years.

TN No. 00-004

Supersedes

TN No. New

Approval Date: 11/21/00 Effective Date: 07/01/00

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